STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155241	A. BUILDING _____ B. WING _____	C 03/23/2011

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
FOREST CREEK VILLAGE	525 E THOMPSON ROAD INDIANAPOLIS, IN 46227

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 000	INITIAL COMMENTS This visit was for the Investigation of Complaints IN00086369 and IN00087856. Complaint IN00086369 unsubstantiated, due to lack of evidence. Complaint IN00087856 substantiated, no deficiencies related to the allegations are cited. Survey date: March 23, 2011 Facility number: 000145 Provider number: 155241 AIM number: 100275110 Survey team: Debra Skinner RN Census bed type: SNF: 15 SNF/NF: 98 Total: 113 Census payor type: Medicare: 17 Medicaid: 75 Other: 21 Total: 113 Sample: 03 Forest Creek Village was found to be in compliance with 42 CFR part 483, Subpart B and 410 IAC 16.2 in regard to the Investigation of Complaints IN00087856 and IN00086369. Quality review completed 3-24-11 Cathy Emswiller RN	F 000		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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